

IGBINADOR, ROSEDALE, NY.

NUING DOMESTIC DATA*****
ED

NAT'L STAGE) DATA*****
ED

IGN APPLICATIONS*****
ED

N FILING LICENSE GRANTED 09/10/98

***** SMALL ENTITY *****

claimed a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 24	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
acknowledged Examiner's Initials _____ Initials _____					

IP IGBINADOR
7 CANEY ROAD
ALE NY 11422

RATED CAR DUBBING SYSTEM

0	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
---	---	---



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bih Data Sheet

CONFIRMATION NO. 9420

SERIAL NUMBER 09/135,504	FILING OR 371(c) DATE 06/22/1998 RULE	CLASS 725	GROUP ART UNIT 2614	ATTORNEY DOCKET NO.
APPLICANTS PHILLIP IGBINADOLOR, ROSEDALE, NY;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/10/1998				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 24	TOTAL CLAIMS 1
Verified and Acknowledged	Examiner's Signature	Initials	INDEPENDENT CLAIMS 1	
ADDRESS PHILLIP IGBINADOLOR 86-30 SUTPHIN BLVD. Jamaica, NY 11435				
TITLE INTEGRATED CAR DUBBING SYSTEM				
FILING FEE RECEIVED 510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	